Fill in	this information to identify your case:			as directed in this form and in Fo	orm
Debto	Paul Gilbert Serrano		2A-1Supp:		
Debto (Spouse	r 2 Amanda Kristin Serrano		1. There is no	presumption of abuse	
` '	d States Bankruptcy Court for the: District of Utah		applies will	tion to determine if a presumption be made under <i>Chapter 7 Mean</i>	
	number 25-21693			(Official Form 122A-2).	
(if know	1) 			Test does not apply now becaus ilitary service but it could apply la	
			□ Check if this	is an amended filing	
Offic	<u>cial Form 122A - 1</u>				
Cha	pter 7 Statement of Your Cur	rent Monthly Inc	ome		12/19
attach a case nu	omplete and accurate as possible. If two married people as separate sheet to this form. Include the line number to warmber (if known). If you believe that you are exempted from mailtary service, complete and file Statement of Exempter Calculate Your Current Monthly Income	hich the additional information a n a presumption of abuse becau	pplies. On the top se you do not have	of any additional pages, write you e primarily consumer debts or bec	ir name and ause of
1. V	What is your marital and filing status? Check one on	lv.			
	☐ Not married. Fill out Column A, lines 2-11.	·,·			
	☐ Married and your spouse is filing with you. Fill ou	t both Columns A and B. lines	2-11.		
_	☐ Married and your spouse is NOT filing with you.				
	☐ Living in the same household and are not lega	•	lumns A and B. li	nes 2-11.	
	Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are legiving apart for reasons that do not include evading	out Column A, lines 2-11; do no egally separated under nonban	t fill out Column I kruptcy law that a	3. By checking this box, you declapplies or that you and your spou	
101 the	in the average monthly income that you received from all s (10A). For example, if you are filing on September 15, the 6-mc 6 months, add the income for all 6 months and divide the total uses own the same rental property, put the income from that pr	onth period would be March 1 throu by 6. Fill in the result. Do not include	ugh August 31. If the de any income amo	e amount of your monthly income vari unt more than once. For example, if b	ied during
			Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
	Your gross wages, salary, tips, bonuses, overtime, a payroll deductions).	and commissions (before all	\$	\$	
	Alimony and maintenance payments. Do not include Column B is filled in.	payments from a spouse if	\$	\$	
fı a	All amounts from any source which are regularly pa of you or your dependents, including child support. From an unmarried partner, members of your household and roommates. Include regular contributions from a sp filled in. Do not include payments you listed on line 3.	Include regular contributions , your dependents, parents,	\$	\$	
	let income from operating a business, profession,	or farm		<u> </u>	
	, , , , , , , , , , , , , , , , , , ,	Debtor 1			
	Gross receipts (before all deductions)	\$			
	Ordinary and necessary operating expenses	-\$			
N	Net monthly income from a business, profession, or farr	n \$ Copy here ->	\$	\$	
6. N	let income from rental and other real property				
		Debtor 1			
	Gross receipts (before all deductions)	\$			
	Ordinary and necessary operating expenses	- \$			
N	Net monthly income from rental or other real property	\$ Copy here ->	\$	\$	
7. l ı	nterest, dividends, and royalties		\$	\$	

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Debto Debto		_	Case number (if known)	25-21693	
			Column A Debtor 1	Column B Debtor 2 or non-filing s	
8.	Unemployment compensation		\$	\$	
	Do not enter the amount if you contend that the amount received was a the Social Security Act. Instead, list it here:				
	For you \$ For your spouse \$				
9.	Pension or retirement income. Do not include any amount received the benefit under the Social Security Act. Also, except as stated in the next on tinclude any compensation, pension, pay, annuity, or allowance paid United States Government in connection with a disability, combat-related disability, or death of a member of the uniformed services. If you receive pay paid under chapter 61 of title 10, then include that pay only to the except once the amount of retired pay to which you would otherwise if retired under any provision of title 10 other than chapter 61 of that title.	nat was a sentence, do by the ed injury or ed any retired xtent that it e be entitled	\$	\$	
10.	Income from all other sources not listed above. Specify the source as Do not include any benefits received under the Social Security Act; payr received as a victim of a war crime, a crime against humanity, or internation domestic terrorism; or compensation pension, pay, annuity, or allowand United States Government in connection with a disability, combat-related disability, or death of a member of the uniformed services. If necessary, sources on a separate page and put the total below	ments ational or ce paid by the ed injury or , list other	\$	\$ \$	
	Total amounts from separate pages, if any.		\$	\$	
Part	Calculate your total current monthly income. Add lines 2 through 10 each column. Then add the total for Column A to the total for Column B.Determine Whether the Means Test Applies to You				Total current monthly income
12	Calculate your current monthly income for the year. Follow these ste	ono:			
12.	12a. Copy your total current monthly income from line 11	•	Copy line 11	here=>	\$
	Multiply by 12 (the number of months in a year)				x 12
	12b. The result is your annual income for this part of the form			12b.	\$
13.	Calculate the median family income that applies to you. Follow these	se steps:			
	Fill in the state in which you live.				
	Fill in the number of people in your household.				
	Fill in the median family income for your state and size of household To find a list of applicable median income amounts, go online using the for this form. This list may also be available at the bankruptcy clerk's offi		in the separate instruc	13. ctions	\$
14.	How do the lines compare?				
	14a. Line 12b is less than or equal to line 13. On the top of page Go to Part 3. Do NOT fill out or file Official Form 122A-2.	e 1, check box	(1, There is no presun	nption of abuse) .
	14b. Line 12b is more than line 13. On the top of page 1, check I Go to Part 3 and fill out Form 122A–2.	box 2, The pro	esumption of abuse is	determined by	Form 122A-2.
Part	3: Sign Below				
	By signing here, I declare under penalty of perjury that the informat	tion on this sta	atement and in any att	achments is tru	ue and correct.
	X /s/ Paul Gilbert Serrano	X _/s/ Ama	anda Kristin Serran	0	
	Paul Gilbert Serrano Signature of Debtor 1		a Kristin Serrano e of Debtor 2		

Paul Gilbert Serrano

Debtor 1

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Debtor 1 Debtor 2 Paul Gilbert Serrano Case number (if known) 25-21693

Date April 14, 2025 Date MM / DD / YYYY Date MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

		_
Fill in this info	ormation to identify your case:	
Debtor 1	Paul Gilbert Serrano	
Debtor 2	Amanda Kristin Serrano	
(Spouse, if filing		
United States	Bankruptcy Court for the: District of Utah	
Case number	25-21693	☐ Check if this is an amended filing
(if known)		
Official F	orm 122A - 1Supp	
	nt of Exemption from Presumption	of Abuse Under § 707(b)(2) 12/1
exempted fron exclusions in t required by 11	ement together with Chapter 7 Statement of Your Current Monna presumption of abuse. Be as complete and accurate as posithis statement applies to only one of you, the other person should be u.S.C. § 707(b)(2)(C). Entify the Kind of Debts You Have	
	·	a 11 LL C. S. 101/9) as "inquirred by an individual primarily for a
personal,	debts primarily consumer debts? Consumer debts are defined in family, or household purpose." Make sure that your answer is cons is Filing for Bankruptcy (Official Form 1).	istent with the answer you gave at line 16 of the Voluntary Petition for
	Go to Form 122A-1; on the top of page 1 of that form, check box 1, supplement with the signed Form 122A-1.	There is no presumption of abuse, and sign Part 3. Then submit this
	Go to Part 2.	
	50 to 1 dit <u>-</u>	
Part 2: De	etermine Whether Military Service Provisions Apply to You	
2. Are you	a disabled veteran (as defined in 38 U.S.C. § 3741(1))?	
	Go to line 3.	
☐ Yes. I	Did you incur debts mostly while you were on active duty or while yo	ou were performing a homeland defense activity?
	10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).	
	lo. Go to line 3.	
ПΥ	Yes. Go to Form 122A-1: on the top of page 1 of that form, check I submit this supplement with the signed Form 122A-1.	pox 1, There is no presumption of abuse, and sign Part 3. Then
3. Are you	or have you been a Reservist or member of the National Guard	?
□ No.	Complete Form 122A-1. Do not submit this supplement.	
☐ Yes.	Were you called to active duty or did you perform a homeland defe	ense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
	lo. Complete Form 122A-1. Do not submit this supplement.	
□ Y	es. Check any one of the following categories that applies:	
	☐ I was called to active duty after September 11, 2001, for a 90 days and remain on active duty.	The Means Test does not apply now, and sign Part 3. Ther
	☐ I was called to active duty after September 11, 2001, for a 90 days and was released from active duty on which is fewer than 540 days before I file this bankruptcy cas	during the exclusion period. The exclusion period means

ending on

file this bankruptcy case.

, which is fewer than 540 days before I

□ I am performing a homeland defense activity for at least 90 days.
 □ I performed a homeland defense activity for at least 90 days,

homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).

If your exclusion period ends before your case is closed,

you may have to file an amended form later.

Fill in	this information to identify your case:			as directed in this form and in Fo	orm
Debto	Paul Gilbert Serrano		2A-1Supp:		
Debto (Spouse	r 2 Amanda Kristin Serrano		1. There is no	presumption of abuse	
` '	d States Bankruptcy Court for the: District of Utah		applies will	tion to determine if a presumption be made under <i>Chapter 7 Mean</i>	
	number 25-21693			(Official Form 122A-2).	
(if know	1) 			Test does not apply now becaus ilitary service but it could apply la	
			□ Check if this	is an amended filing	
Offic	<u>cial Form 122A - 1</u>				
Cha	pter 7 Statement of Your Cur	rent Monthly Inc	ome		12/19
attach a case nu	omplete and accurate as possible. If two married people as separate sheet to this form. Include the line number to warmber (if known). If you believe that you are exempted from mailtary service, complete and file Statement of Exempter Calculate Your Current Monthly Income	hich the additional information a n a presumption of abuse becau	pplies. On the top se you do not have	of any additional pages, write you e primarily consumer debts or bec	ir name and ause of
1. V	What is your marital and filing status? Check one on	lv.			
	☐ Not married. Fill out Column A, lines 2-11.	·,·			
	☐ Married and your spouse is filing with you. Fill ou	t both Columns A and B. lines	2-11.		
_	☐ Married and your spouse is NOT filing with you.				
	☐ Living in the same household and are not lega	•	lumns A and B. li	nes 2-11.	
	Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are legiving apart for reasons that do not include evading	out Column A, lines 2-11; do no egally separated under nonban	t fill out Column I kruptcy law that a	3. By checking this box, you declapplies or that you and your spou	
101 the	in the average monthly income that you received from all s (10A). For example, if you are filing on September 15, the 6-mc 6 months, add the income for all 6 months and divide the total uses own the same rental property, put the income from that pr	onth period would be March 1 throu by 6. Fill in the result. Do not include	ugh August 31. If the de any income amo	e amount of your monthly income vari unt more than once. For example, if b	ied during
			Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
	Your gross wages, salary, tips, bonuses, overtime, a payroll deductions).	and commissions (before all	\$	\$	
	Alimony and maintenance payments. Do not include Column B is filled in.	payments from a spouse if	\$	\$	
fı a	All amounts from any source which are regularly pa of you or your dependents, including child support. From an unmarried partner, members of your household and roommates. Include regular contributions from a sp filled in. Do not include payments you listed on line 3.	Include regular contributions , your dependents, parents,	\$	\$	
	let income from operating a business, profession,	or farm		<u> </u>	
	, , , , , , , , , , , , , , , , , , ,	Debtor 1			
	Gross receipts (before all deductions)	\$			
	Ordinary and necessary operating expenses	-\$			
N	Net monthly income from a business, profession, or farr	n \$ Copy here ->	\$	\$	
6. N	let income from rental and other real property				
		Debtor 1			
	Gross receipts (before all deductions)	\$			
	Ordinary and necessary operating expenses	- \$			
N	Net monthly income from rental or other real property	\$ Copy here ->	\$	\$	
7. l ı	nterest, dividends, and royalties		\$	\$	

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Debtor 1 Debtor 2				Case number (if know	_{wn)} 25-21693	
				Column A Debtor 1	Column B Debtor 2 c	
8. U	Inemployment compensation			\$	\$	
	on not enter the amount if you contend that the amount no Social Security Act. Instead, list it here:					
	For your spouse S		_			
9 P	Pension or retirement income. Do not include any a	mount received that was				
b n U d p d	enefit under the Social Security Act. Also, except as a of include any compensation, pension, pay, annuity, united States Government in connection with a disabilisability, or death of a member of the uniformed servicy paid under chapter 61 of title 10, then include that oes not exceed the amount of retired pay to which yo retired under any provision of title 10 other than chapter 61.	stated in the next senten or allowance paid by the ity, combat-related injur- ces. If you received any pay only to the extent the u would otherwise be er	ce, do / or retired at it	\$	\$	
re d U d	ncome from all other sources not listed above. Specific on not include any benefits received under the Social eceived as a victim of a war crime, a crime against hurture omestic terrorism; or compensation pension, pay, and Inited States Government in connection with a disability, or death of a member of the uniformed service ources on a separate page and put the total below	Security Act; payments manity, or international nuity, or allowance paid ity, combat-related injurces. If necessary, list other	or by the / or	\$	\$	
	Total amounts from separate pages, if any.		+	\$	\$	
	calculate your total current monthly income. Add list ach column. Then add the total for Column A to the total for Column Determine Whether the Means Test Applies	otal for Column B.	\$	+ \$		Total current monthly income
10.0	calculate your current monthly income for the year	F Fallow these steps:				
	2a. Copy your total current monthly income from line	'		Copy line	11 here=>	\$
	Multiply by 12 (the number of months in a year)					x 12
1	2b. The result is your annual income for this part of the	ne form			121	D. \$
13. C	Calculate the median family income that applies to	vou. Follow these steps	s:			
	ill in the state in which you live.					
·						
F	ill in the number of people in your household.					
Т	ill in the median family income for your state and size o find a list of applicable median income amounts, go or this form. This list may also be available at the ban	online using the link sp	ecified	in the separate ins	13. tructions	\$
14. H	low do the lines compare?					
1	4a. Line 12b is less than or equal to line 13. C		ck box	1, There is no pre	sumption of abus	se.
1	Go to Part 3. Do NOT fill out or file Officia 4b. Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A–2.		The pr	esumption of abus	e is determined b	y Form 122A-2.
Part 3						
	By signing here, I declare under penalty of perjury	y that the information on	this sta	atement and in any	attachments is t	rue and correct.
	X /s/ Paul Gilbert Serrano	Y le	/ Ama	ında Kristin Ser	rano	
	Paul Gilbert Serrano			a Kristin Serran		
	Signature of Debtor 1	S	ignatur	e of Debtor 2		

Paul Gilbert Serrano

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Debtor 1 Debtor 2 Paul Gilbert Serrano Case number (if known) 25-21693

Date April 14, 2025 | Date April 14, 2025 | MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

		_
Fill in this info	ormation to identify your case:	
Debtor 1	Paul Gilbert Serrano	
Debtor 2	Amanda Kristin Serrano	
(Spouse, if filing		
United States	Bankruptcy Court for the: District of Utah	
Case number	25-21693	☐ Check if this is an amended filing
(if known)		
Official F	orm 122A - 1Supp	
	nt of Exemption from Presumption	of Abuse Under § 707(b)(2) 12/1
exempted fron exclusions in t required by 11	ement together with Chapter 7 Statement of Your Current Monna presumption of abuse. Be as complete and accurate as posithis statement applies to only one of you, the other person should be u.S.C. § 707(b)(2)(C). Entify the Kind of Debts You Have	
	·	a 11 LL C. S. 101/9) as "inquirred by an individual primarily for a
personal,	debts primarily consumer debts? Consumer debts are defined in family, or household purpose." Make sure that your answer is cons is Filing for Bankruptcy (Official Form 1).	istent with the answer you gave at line 16 of the Voluntary Petition for
	Go to Form 122A-1; on the top of page 1 of that form, check box 1, supplement with the signed Form 122A-1.	There is no presumption of abuse, and sign Part 3. Then submit this
	Go to Part 2.	
	50 to 1 dit <u>-</u>	
Part 2: De	etermine Whether Military Service Provisions Apply to You	
2. Are you	a disabled veteran (as defined in 38 U.S.C. § 3741(1))?	
	Go to line 3.	
☐ Yes. I	Did you incur debts mostly while you were on active duty or while yo	ou were performing a homeland defense activity?
	10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).	
	lo. Go to line 3.	
ПΥ	Yes. Go to Form 122A-1: on the top of page 1 of that form, check I submit this supplement with the signed Form 122A-1.	pox 1, There is no presumption of abuse, and sign Part 3. Then
3. Are you	or have you been a Reservist or member of the National Guard	?
□ No.	Complete Form 122A-1. Do not submit this supplement.	
☐ Yes.	Were you called to active duty or did you perform a homeland defe	ense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
	lo. Complete Form 122A-1. Do not submit this supplement.	
□ Y	es. Check any one of the following categories that applies:	
	☐ I was called to active duty after September 11, 2001, for a 90 days and remain on active duty.	The Means Test does not apply now, and sign Part 3. Ther
	☐ I was called to active duty after September 11, 2001, for a 90 days and was released from active duty on which is fewer than 540 days before I file this bankruptcy cas	during the exclusion period. The exclusion period means

ending on

file this bankruptcy case.

, which is fewer than 540 days before I

□ I am performing a homeland defense activity for at least 90 days.
 □ I performed a homeland defense activity for at least 90 days,

homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).

If your exclusion period ends before your case is closed,

you may have to file an amended form later.